

CLAIMS ONLY

Application Number

09680904

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓		✓		✓	
2		✓		✓		✓
3		✓		✓		✓
4		✓		✓		✓
5		✓		✓		✓
6		✓		✓		✓
7		✓		✓		✓
8		✓		✓		✓
9	✓		✓		✓	
10	✓		✓		✓	
11	✓		✓		✓	
12	✓		✓		✓	
13			✓		✓	
14			✓		✓	
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Total Indep	5		7		7	
Total Depend	7		9		9	
Total Claims	12		16	A	16	B

8/8/04
max

9/16/04
max

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						